

P11000085604

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA change

MAY 4 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EZ SOLUTIONS CENTER CORAL SPRINGS, INC
Name of Corporation

DOCUMENT NUMBER: P11000085604

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO VELEZ
Name of Contact Person

Firm/Company

5360 N. UNIVERSITY DR
Address

LAUDERHILL, FLORIDA 33351
City/State and Zip Code

VEHAPPY@LIVE.COM
E-mail address: (to be used for future annual report notification)

RECEIVED
12 APR 30 AM 8:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

VICTORIA CALLE at (305) 790-9811
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EZ SOLUTIONS CENTER CORAL SPRINGS, INC

2. The principal office address: 5360 N. UNIVERSITY DR LAUDERHILL, FLORIDA 33351

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/29/2011 Document number: P11000085604

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LEONARDO VELEZ

5360 N. UNIVERSITY DR LAUDERHILL, FLORIDA 33351

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

VICTORIA CALLE

5360 N. UNIVERSITY DR LAUDERHILL, FLORIDA 33351

P.O Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Leonardo Velez
Signature of an officer or director

LEONARDO VELEZ OFFICER
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Victoria E Calle
Signature of Registered Agent

04/25/2012
Date

If signing on behalf of an entity:
Victoria Calle
Typed or Printed Name

*** FILING FEE: \$35.00 ***